



ARIZONA STATE BOARD OF PHARMACY

4425 WEST OLIVE AVENUE, SUITE 140
GLENDALE, ARIZONA 85302-3844
623-463-ASBP (2727) FAX 623-934-0583
www.pharmacy.state.az.us

September 2, 2003

Dear Sir or Madam:

Pursuant to Board Rules R4-23-302(C.1-5), please inform the Arizona State Board of Pharmacy (ASBP) if you will be assuming the role of pharmacy intern preceptor for pharmacy or graduate interns NOT enrolled in an approved college program. The applicable rules are as follows:

- C. Pharmacy intern preceptor. To be a pharmacy intern preceptor, a pharmacist shall:
1. Hold a current unrestricted pharmacist license;
 2. Have a minimum of one year of experience as an actively practicing pharmacist before acting as a pharmacy intern preceptor;
 3. If a pharmacist has been found guilty of violating any federal or state law relating to the practice of pharmacy, drug or device distribution or recordkeeping, or unprofessional conduct, enter into an agreement satisfactory to the Board that places restrictions on the pharmacist's license; and
 4. Hold a faculty position in the experiential training program of a Board-approved college or school of pharmacy; or
 5. **Be approved by the Board as being otherwise qualified as a pharmacy intern preceptor.**

Please fill out the enclosed form and return it to the ASBP in a timely fashion.

Thank you for your prompt attention in this matter.

Sincerely,

Hal Wand
Executive Director



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Application for Pharmacy Intern Preceptor Approval

(For preceptors NOT holding a faculty position in the experiential training program of a Board-approved college or school of pharmacy)*

1. Name: _____
2. Address: _____
Number & Street City State Zip Telephone
3. Mailing Address (if different): _____
Number & Street City State Zip
4. License No.: _____ Effective Date: _____ Exp. Date: _____
5. College Education: _____
Name & Address of College Attended Degree Date of Graduation
6. Internship Site: _____
7. Type of business (example: grocery, compounding, etc.): _____
8. Business Address: _____
9. Business Phone: _____ FAX: _____ E-mail: _____
10. RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT, "No charges involving moral turpitude or violations of pharmacy, liquor or controlled substance laws ever made or pending." _____ (Initial). Applicant must initial on line provided if statement is true. Explain in space provided below if any charges, including conviction date, jurisdiction, and location: (use separate sheet if more space required)

To the best of my knowledge and belief the foregoing application is true and current in all respects.

Signature

Date